

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5206AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/22/2009 |
| NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 5280 BURNHAM AVE LAS VEGAS, NV 89119 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/16/09 and 06/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or chronic illness, Category I residents. The census at the time of the survey was two. Two resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>The facility requested a change from Category I to Category II. See Tag Y411 concerning the lack of ramps at exits.</p> <p>The following deficiencies were identified:</p> | Y 000 | | |
| Y 103 SS=F | <p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> | Y 103 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 103 | Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 6/16/09, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis testing for the protection of all residents.(Employee #3 did not have a pre-employment physical) Severity: 2 Scope: 3 | Y 103 | | |
| Y 105 SS=E | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/16/09, the facility failed to ensure 1 of 3 employees met background check requirements (Employee #1 did not have a signed criminal history statement and his fingerprints had not been submitted for a state/FBI background check). Severity: 2 Scope: 2 | Y 105 | | |
| Y 172 SS=C | 449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and | Y 172 | | |

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| Y 172 | Continued From page 2 must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation on 06/16/09, the facility failed to ensure that 2 of 2 full garbage cans were covered. Severity: 1 Scope: 3 | Y 172 | | | |
| Y 273 SS=E | 449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 6/16/09, the facility failed to provide a special diet to 1 of 2 residents ordered a special diet (Resident #2 - no concentrated sweets). Severity: 2 Scope: 3 | Y 273 | | | |
| Y 353 SS=E | 449.222(3) Bathrooms and Toilet Facilities NAC 449.222 | Y 353 | | | |

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| Y 353 | Continued From page 3 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. This Regulation is not met as evidenced by: Based on observation on 06/16/09, the facility failed to ensure grab bars were adjacent to the tubs, toilets and showers in 1 of 2 bathrooms. (The bathroom connected to bedroom #3 did not have a grab bar next to the toilet, and the grab bar next to the shower was not properly secured to the wall.) Severity: 2 Scope: 2 | Y 353 | | |
| Y 356 SS=E | 449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 06/16/09, the facility failed to ensure 1 of 2 bathroom doors had a single motion lock. (The bathroom located in the hallway outside bedroom #3 was equipped with a double motion lock.) Severity: 2 Scope: 2 | Y 356 | | |
| Y 392 SS=F | 449.226(3) Safety Requirements | Y 392 | | |

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| Y 392 | Continued From page 4 NAC 449.226 3. If a residential facility with a resident who is mentally or physically disabled has a fishpond, pool, hot tub, jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. This Regulation is not met as evidenced by: Based on observation on 06/22/09 the facility failed to ensure that the swimming pool in the back yard was appropriately secured. (Exit doors from Bedroom #3 and Bedroom #4 exit into the swimming pool area.) Severity: 2 Scope: 3 | Y 392 | | |
| Y 411 SS=F | 449.227(2) Accommodations for Residents NAC 449.227 A residential facility with a resident who uses a wheelchair or walker shall: 2. Have ramps to accommodate access to areas used by residents. This Regulation is not met as evidenced by: Based on observation and interview on 6/16/09, the facility did not ensure a graduated slope was provided at the front entrance to the facility and ramp was provided from the sliding glass back door which provided access to the back patio for potential Category II residents. | Y 411 | | |

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| Y 530 | Continued From page 7 that listed at least 10 hours of activities that were suited to elderly and mental illness residents interests and capacities. The activities listed on the posted calendar failed to note times of day and duration. Severity: 1 Scope: 3 | Y 530 | | |
| Y 698 SS=D | Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 06/16/09, the facility failed to ensure oxygen tanks were secured in a rack in the closet of bedroom #1. Severity: 2 Scope: 1 | Y 698 | | |
| Y 895 SS=B | 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, | Y 895 | | |

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| Y 920 | Continued From page 10 This Regulation is not met as evidenced by: Based on observation and interview on 6/16/09, the facility failed to ensure medications stored in 1 of 3 resident bedrooms were in a locked containers or drawer (Bedroom #1 - medications for Resident #1). Severity: 2 Scope: 2 | Y 920 | | |
| Y 936 SS=F | 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on interview and record review on 6/16/09, the facility failed to ensure that 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #1 had no evidence of two step TB skin tests) which affected all residents. Severity: 2 Scope: 3 | Y 936 | | |

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